

## **TRICARE For Life 2006 Benefits and Payments Summary**

This benefits and payments summary contains tables to assist you in identifying who pays for what under TRICARE For Life (TFL).

- The inpatient table illustrates how Medicare and TRICARE work together to pay for health care services received in civilian inpatient hospitals, civilian psychiatric facilities, skilled nursing facilities, and hospices.
- The outpatient table illustrates how Medicare and TRICARE cover outpatient services received from civilian providers or outpatient settings.
- As a TFL beneficiary, you may still use military treatment facilities (MTFs) on a space available basis.

### **Medicare AND TRICARE Covered Services:**

Medicare pays its portion and TRICARE sends payment for the remaining amount (your liability) directly to your provider.

### **Services Covered by TRICARE but NOT by Medicare:**

Medicare processes the claim but does NOT make payment. TRICARE is your primary payer. You are responsible for the TRICARE deductible (\$150/individual or \$300/family) and your cost share. Cost shares for services received are based on the network status of your provider (network 20% or non-network 25%).

Providers who do not participate with TRICARE may charge up to 15% above the TRICARE allowable charge. You are responsible for any charges over the allowable charge. If using a non-network provider, you may have to file your own claim if the provider does not participate with Medicare.

### **Services Covered by Medicare but NOT by TRICARE:**

Medicare pays its portion and TRICARE processes the claim but does NOT make payment. You are responsible for the Medicare deductible and cost shares.

### **Services NOT Covered by Medicare and TRICARE:**

Medicare and TRICARE process the claim but do NOT make payment. You are responsible for the entire bill.

### **Other Health Insurance (OHI)**

If you have OHI, by law, TRICARE will process your claims only after all OHIs have processed the claim. After your OHI and Medicare process your claim, you will need to file a TRICARE claim with Wisconsin Physicians Service (WPS)/TFL (the TFL claims processing contractor). For detailed information on how to file a claim, please visit the [TFL Claims](#) page.

### **Overseas Care**

Medicare does not cover services provided outside of the United States and its territories (US&T), except for some emergency situations in Mexico and Canada. The TRICARE Overseas Program (TOP) TRICARE For Life (TFL) is available to you if you reside in any overseas location not covered by Medicare. Applicable TRICARE Standard deductibles and cost shares apply. For more information on how TOP TFL, please visit the [TOP TFL](#) page.

### **TRICARE Pharmacy Program**

As a TFL beneficiary, you are also eligible for pharmacy benefits through the [TRICARE Pharmacy Program](#). Information regarding pharmacy cost shares can be found by visiting the [TRICARE Pharmacy Copayments](#) page.

For more information or assistance with TFL, please call **WPS TFL at 1-866-773-0404**.). If you need further information regarding your Medicare benefits, call 1-800-MEDICARE (1-800-633-4227).

**2006 HEALTHCARE COVERAGE: WHO PAYS?**

	Medicare <sup>1</sup> Pays		TRICARE <sup>2</sup> Pays	What You Pay <sup>3</sup>
Inpatient Services (Medicare Part A) - Outside a Military Treatment Facility (MTF)				
Inpatient Hospitalization (Medical, Surgical, and hospital-based psychiatric care)  <i>A new benefit period <sup>6</sup> must begin before Medicare will cover additional days.</i>	Days 1-60	100% (after \$952 deductible <sup>4</sup> )	\$952 deductible <sup>4</sup>	Nothing for services payable by Medicare and TRICARE
	Days 61-90	All but \$238/day <sup>4</sup>	\$238/day <sup>4</sup>	Nothing for services payable by Medicare and TRICARE
	Days 91-150 <sup>5</sup>	All but \$476/day <sup>4</sup>	\$476/day <sup>4</sup>	Nothing for services payable by Medicare and TRICARE
	Days 151+	Not Covered	The DRG-allowed <sup>7</sup> amount minus patient's copayment/cost share	\$250/day or 25% of institutional charges, whichever is less plus 20% of professional charges if care is delivered in a TRICARE network hospital <sup>8</sup> .  \$535/day <sup>9</sup> or 25% of billed charges for institutional services, whichever is less, plus 25% of allowable for professional charges if care is delivered in a Non-network hospital.
Inpatient Mental Health (Psychiatric Facility) <sup>10</sup> Inpatient mental healthcare requires preauthorization. Care in excess of 30 days requires a waiver for secondary TRICARE coverage. If authorized, TRICARE pays cost share or deductible.  <i>A new benefit period<sup>6</sup> must begin before Medicare will cover additional days.</i>	Days 1-60	100% (after \$952 deductible <sup>4</sup> )	\$952 deductible <sup>4</sup>	Nothing for services payable by Medicare and TRICARE
	Days 61 - 90	All but \$238/day <sup>4</sup>	\$238/day <sup>4</sup>	Nothing for services payable by Medicare and TRICARE
	Days 91-150	All but \$476/day <sup>4</sup>	\$476/day <sup>4</sup>	Nothing for services payable by Medicare and TRICARE
	Days <sup>11</sup> 151+	Not Covered	80% if network hospital <sup>8</sup>  75% if Non-network hospital	20% of institutional charges plus 20% of professional charges for services received in a network hospital <sup>8</sup> .  For services received in a Non-network hospital see TRICARE Reimbursement Manual Chap 2, Addendum A, page 10 for beneficiary payment information. The manual is available on the TRICARE Web site <a href="http://www.tricare.osd.mil/tricaremanuals/">www.tricare.osd.mil/tricaremanuals/</a>
Skilled Nursing Facility:  <i>A beneficiary must be admitted to an inpatient hospital during a benefit period <sup>6</sup> for at least 3 days prior to receiving Medicare authorization to receive this benefit.</i>	Days 1-20	100%	Remaining Beneficiary Liability (if any)	Nothing for services payable by Medicare and TRICARE
	Days 21-100	All but \$119/day <sup>4</sup>	\$119/day <sup>4</sup>	Nothing for services payable by Medicare and TRICARE
	Days 101+	Not Covered	80% if network hospital <sup>8</sup>  75% if Non-network hospital	20% of TRICARE allowable charges if care delivered in a TRICARE network hospital  25% of TRICARE allowable charges if care delivered in a Non-network hospital
Hospice Care	95%		Remaining	Nothing for services payable by

		Beneficiary Liability 5%	Medicare and TRICARE
<b>Outpatient Services (Medicare Part B) - Outside an MTF</b>			
	<b>Medicare<sup>1</sup> Pays</b>	<b>TRICARE<sup>2</sup> Pays</b>	<b>What You Pay<sup>3</sup></b>
Doctors Visits (Outside an MTF)	80%	20%	Nothing for services payable by Medicare and TRICARE
Emergency Room Visit	80%	20%	Nothing for services payable by Medicare and TRICARE
Mental Health Visit	50%	50%	Nothing for services payable by Medicare and TRICARE
Laboratory Services	100%	Remaining Beneficiary Liability (if any)	Nothing for services payable by Medicare and TRICARE
Radiology (X-Rays)	80%	20%	Nothing for services payable by Medicare and TRICARE
Home Health Care	100% for approved services	Remaining Beneficiary Liability (if any)	Nothing for services payable by Medicare and TRICARE
Durable Medical Equipment	80%	20%	Nothing for services payable by Medicare and TRICARE
Outpatient Hospital Services	80%	20%	Nothing for services payable by Medicare and TRICARE
Blood	Nothing for the first three pints  80% for additional pints (beyond the first three)	100% of the cost of the first three pints of blood  20% for additional pints (beyond the first three)	Nothing for services payable by Medicare and TRICARE
Chiropractic Services	80%	Not Covered	20% Medicare cost-share
<b>Healthcare Outside of the United States and its Territories (US&amp;T) - Outside an MTF</b>			
	<b>Medicare<sup>1</sup> Pays</b>	<b>TRICARE<sup>2</sup> Pays</b>	<b>What You Pay<sup>3</sup></b>
Inpatient Services	Not covered Outside US&T <sup>12</sup>	75%	25% of TRICARE allowable charges; plus 25% of professional fees
Outpatient Services	Not covered Outside US&T <sup>12</sup>	75%	25% of TRICARE allowable charges after the TRICARE fiscal year deductible has been met (\$150 per person \$300 per family)

<sup>1</sup>All percentages paid by Medicare are for the Medicare approved amounts for services received from Medicare providers who accept Medicare assignment.

<sup>2</sup>TRICARE will pay the difference between Medicare's paid amount and Medicare's limiting charge (up to 115 percent of the allowable amount) for non-participating provider claims.

<sup>3</sup>TRICARE has a \$3,000.00 per fiscal year (Oct 1- Sept 30) catastrophic cap (your maximum out of pocket expense).

<sup>4</sup>Medicare amount that will change every calendar year.

<sup>5</sup>Lifetime Reserve days (91-150) are 60 additional days Medicare will pay for when you are in a hospital for more than 90 consecutive days during a benefit period minus the \$476/day coinsurance (in 2006). These 60 reserve days may only be used once.

<sup>6</sup>A benefit period begins when a beneficiary is admitted to a hospital or skilled nursing facility and continues until the beneficiary has been out the facility for at least 60 consecutive days.

<sup>7</sup>A reimbursement system using Diagnosis Related Groups (DRGs) that assigns payment levels to each DRG based on the average cost of treating all patients in a given DRG.

<sup>8</sup>A network hospital is one that has a contractual agreement with TRICARE.

<sup>9</sup>DRG per diem rate that will change every fiscal year.

<sup>10</sup>190 days in a lifetime are available within a psychiatric facility.

<sup>11</sup>Medicare ceases to pay after day 150, unless a new benefit period begins. TRICARE will pay 75% or 80% and the beneficiary pays up to 25% depending on whether a network or non-network facility is used.

<sup>12</sup>The Original Medicare Plan does not cover health care when you travel outside the United States and its territories, except for some emergency situations in Mexico and Canada.